



# Application Checklist: Speaker Rigging

Please email manufacturer's data sheets and CAD drawings with this form to [sales@adaptivetechnologiesgroup.com](mailto:sales@adaptivetechnologiesgroup.com)  
Allow a few days for your project to be reviewed. If you need assistance in completing this form,  
please call **1-562-424-1100 (Tel) PST** and ask for an application specialist.

## Contact Info:

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

## Classification:

☐ OEM

☐ Systems Integrator

☐ End User

☐ Consultant

## Job Status:

☐ Awarded

☐ Bidding

## Installation:

Quote Due: \_\_\_\_\_

Install Date: \_\_\_\_\_

Check-mark documents supplied: ☐ Sketch ☐ Photos ☐ CAD Drawing ☐ Datasheets

## Tell us about your application

Application			
<input type="checkbox"/>	Indoor	<input type="checkbox"/>	Outdoor
<input type="checkbox"/>	Marine	<input type="checkbox"/>	Covered-Inland
<input type="checkbox"/>	Single Speaker	<input type="checkbox"/>	Cluster
<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Portable/Touring
<input type="checkbox"/>	Wall Mounted	<input type="checkbox"/>	Ceiling Mounted
<input type="checkbox"/>	Pole Mounted	<input type="checkbox"/>	Deck Mounted

## Tell us about the desired size of your Rig

Aiming	Description	
Down Angle°		
Pan Angle°		
Line Array	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qty. Speakers Wide		
Qty. Speakers High		
Orientation	Horizontal	Vertical
	<input type="checkbox"/>	<input type="checkbox"/>

## Facility/ Venue

Type of Facility(s)	
Qty Locations	
Speaker to Ceiling (ft)	
Speaker to Floor (ft)	
Ceiling/ Wall Structure	

## Tell us about what you are installing

Speaker Info.	Description
Speaker Make	
Speaker Model	
Speaker Weight	
Powered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Cables	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Specifications

DSA Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PE / SE Stamp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CAD Drawings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Powder Coat	<input type="checkbox"/>	<input type="checkbox"/> Weatherized
Color Spec.		